

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037030

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

547

Registrar's No.

2851

FILED OCT 17 1962

## 1. PLACE OF DEATH

a. COUNTY ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN RICHMOND HEIGHTSLength of stay in lb  
2 DAYSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST MARY HOSPInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY ST. LOUIS

c. CITY OR TOWN RICHMOND HEIGHTS

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
9056 SARANAC DRReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First AL

Middle F

Last GERRITZEN

4. DATE OF DEATH

Month OCT

Day 1

Year 1962

5. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3/30/18969. AGE (last birthday)  
66IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
LAWYER10b. KIND OF BUSINESS OR INDUSTRY  
LAW11. BIRTHPLACE (City and state or country)  
ST LOUIS MO12. CITIZEN OF WHAT COUNTRY  
U.S.A

## 13a. FATHER'S NAME

H. J. GERRITZEN

## 13b. MOTHER'S MAIDEN NAME

LOUISE MAY

## 14. NAME OF HUSBAND OR WIFE

ROSE GERRITZEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WWI

## 17. INFORMANT

Address

32 ROSE GERRITZEN 9056 SARANAC

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Cardiac Failure

INTERVAL BETWEEN  
ONSET AND DEATH  
1 yr.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. '60 to death and last saw him alive on 9-30-62

Death occurred at 5:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Edward P. Flynn M.D.

## 22b. ADDRESS

9730 E. Watson Rd.

## 22c. DATE SIGNED

10-2-62

## 23a. BURIAL, CREMATION,

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

23a. BURIAL, CREMATION,  
23b. DATE  
10/4/196223c. NAME OF CEMETERY OR CREMATORY  
CALVARY CEM23d. LOCATION (City, town, or county)  
ST. LOUIS(State)  
MO

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

STOCK MORTUARY 8895 BRENTWOOD 10-2-62

John P. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

14005

24005

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DR E FLYNN  
" 9730 E WATSON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Paul A. Wachtler*

Licensed Embalmer No. 4787

P. O. Address, St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.